



CITY OF HOUSTON

Department of Health and Human Services

Bill White

Mayor

ENVIRONMENTAL HEALTH DIVISION
BUREAU OF AIR QUALITY CONTROL
REGISTRATION FORM
PAINT AND BODY SHOP FACILITY

Stephen L. Williams, M.Ed., M.P.A.
Director
Health and Human Services
Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

DATE:

ACCOUNT#: PBS 0000

T 713.794.9311

F 713.798.0862

www.houstonhealth.org

NAME OF FACILITY: _____

OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

SIZE OF FACILITY

ANNUAL FEE

N/A

\$500.00

APPLICABLE/NOT APPLICABLE

I, _____, _____, CERTIFY THAT _____
(PRINTED NAME) (TITLE) (BUSINESS NAME)

IS/IS NOT ENGAGED IN ANY OF THE ACTIVITIES THAT REQUIRE REGISTRATION UNDER
SECTION 21-161, OF THE HOUSTON CODE OF ORDINANCE.

(SIGNATURE)

(DATE)

RETURN THIS FORM TO:
HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS MANAGEMENT OFFICE (713) 640-4200
8000 NORTH STADIUM DR.
HOUSTON, TX 77054-1823



CITY OF HOUSTON

Department of Health and Human Services

Bill White

Mayor

ENVIRONMENTAL HEALTH DIVISION
BUREAU OF AIR QUALITY CONTROL
REGISTRATION FORM
USED CAR LOT FACILITY

Stephen L. Williams, M.Ed., M.P.A.
Director
Health and Human Services
Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

T. 713.794.9311

F. 713.798.0862

www.houstonhealth.org

DATE: _____ ACCOUNT#: ADL 0000

NAME OF FACILITY: _____

OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

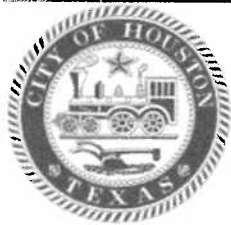
SIZE OF FACILITY	ANNUAL FEE
() 1 TO 5 VEHICLES OFFERED FOR SALE	NO CHARGE
() 6 TO 100 VEHICLES OFFERED FOR SALE	\$250.00
() 101 OR MORE VEHICLES OFFERED FOR SALE	\$350.00

NOTE: IF THE NUMBER OF VEHICLES OFFERED FOR SALE AT THE FACILITY DESCRIBED ABOVE IS LESS THAN SIX (6) NO FEE IS REQUIRED. HOWEVER, THE "NOT APPLICABLE" PORTION OF THIS FORM MUST BE COMPLETED AND RETURNED TO OUR OFFICE. THIS EXCEPTION IS SUBJECT TO VERIFICATION

APPLICABLE/NOT APPLICABLE
I, _____, _____, CERTIFY THAT _____
(PRINTED NAME) (TITLE) (BUSINESS NAME)
IS/IS NOT ENGAGED IN ANY OF THE ACTIVITIES THAT REQUIRE REGISTRATION UNDER SECTION 21-161, OF THE HOUSTON CODE OF ORDINANCE.

(SIGNATURE) _____ (DATE) _____

RETURN THIS FORM TO:
HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS MANAGEMENT OFFICE (713) 640-4200
8000 NORTH STADIUM DR.
HOUSTON, TX 77054-1823



CITY OF HOUSTON

Department of Health and Human Services

ENVIRONMENTAL HEALTH DIVISION
BUREAU OF AIR QUALITY CONTROL
REGISTRATION FORM
DRY CLEANING FACILITY

Bill White

Mayor

Stephen L. Williams, M.Ed., M.P.A.
Director
Health and Human Services
Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

T 713.794.9311
F 713.798.0862
www.houstonhealth.org

DATE: _____ ACCOUNT#: DCL 0000

NAME OF FACILITY: _____

OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

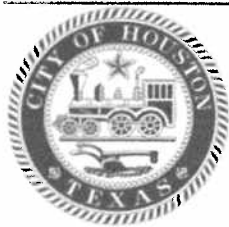
SIZE OF FACILITY	ANNUAL FEE
() LESS THAN 6 EMPLOYEES	\$100.00
() 7 TO 10 EMPLOYEES	\$200.00
() 11 OR MORE EMPLOYEES	\$300.00

NOTE: FEE BASED ON THE NUMBER EMPLOYEES.

APPLICABLE/NOT APPLICABLE
I, _____, _____, CERTIFY THAT _____
(PRINTED NAME) (TITLE) (BUSINESS NAME)
EMPLOY () EMPLOYEES. REGISTRATION FEE PAID IS REQUIRED UNDER SECTION 21-161,
OF THE HOUSTON CODE OF ORDINANCE.

(SIGNATURE) (DATE)

RETURN THIS FORM TO:
HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS MANAGEMENT OFFICE (713) 640-4200
8000 NORTH STADIUM DR.
HOUSTON, TX 77054-1823



CITY OF HOUSTON

Department of Health and Human Services

Bill White

Mayor

ENVIRONMENTAL HEALTH DIVISION
BUREAU OF AIR QUALITY CONTROL
REGISTRATION FORM
GASOLINE DISPENSING FACILITY

Stephen L. Williams, M.Ed., M.P.A.
Director
Health and Human Services
Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

DATE:

ACCOUNT#: GAS 0000

T.713.794.9311

F.713.798.0862

www.houstonhealth.org

NAME OF FACILITY: _____

OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

SIZE OF FACILITY

ANNUAL FEE

- | | |
|------------------------------------------------|----------|
| () 1 TO 6 GASOLINE PUMP NOZZLE, PER NOZZLE | \$250.00 |
| () 7 OR MORE GASOLINE PUMP NOZZLE, PER NOZZLE | \$350.00 |

NOTE: WHERE PUMPS ARE SO CONFIGURED THAT TWO OR MORE NOZZLES DISPENSING DIFFERENT TYPES OR GRADES OF FUEL ARE ATTACHED TO ONE METER, THEN THE NOZZLE ATTACHED TO EACH SUCH METER SHALL BE REGARDED AS ONE NOZZLE FOR PURPOSES OF THE ABOVE CALCULATION.

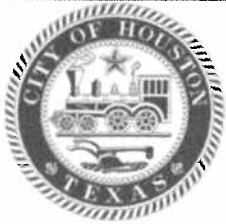
APPLICABLE/NOT APPLICABLE

I, _____, _____, CERTIFY THAT _____
(PRINTED NAME) (TITLE) (BUSINESS NAME)
IS/IS NOT ENGAGED IN ANY OF THE ACTIVITIES THAT REQUIRE REGISTRATION UNDER
SECTION 21-161, OF THE HOUSTON CODE OF ORDINANCE

(SIGNATURE)

(DATE)

RETURN THIS FORM TO:
HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS MANAGEMENT OFFICE (713) 640-4200
8000 NORTH STADIUM DR.
HOUSTON, TX 77054-1823



CITY OF HOUSTON

Department of Health and Human Services

Bill White

Mayor

ENVIRONMENTAL HEALTH DIVISION
BUREAU OF AIR QUALITY CONTROL
REGISTRATION FORM
EMISSIONS SOURCE FACILITY

Stephen L. Williams, M.Ed., M.P.A.
Director
Health and Human Services
Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

DATE: ACCOUNT#: EXT 0000

T 713.794.9311

F 713.798.0862

NAME OF FACILITY: _____ www.houstonhealth.org

OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

SIZE OF FACILITY	ANNUAL FEE
() LESS THAN 1 TON	NO CHARGE
() 1 TON OR MORE, BUT LESS THAN 5 TONS	\$600.00
() 5 TONS OR MORE, BUT LESS THAN 10 TONS	\$1200.00
() 10 TONS OR MORE	\$3000.00

NOTE: A FACILITY IS DEFINED IN THE TEXAS CLEAN AIR ACT, IS THE EQUIPMENT THAT IS THE SOURCE OF THE AIR POLLUTION EMISSIONS. A PLANT SITE OR BUSINESS MAY HAVE MORE THAN ONE FACILITY WHICH IS THE SOURCE IF EMISSIONS. DEFINITION IS FOUND; SECTION 382.003 (6) OF THE TEXAS SAFETY HEALTH AND SAFETY CODE. IF A PLANT SITE HAS MULTIPLE FACILITIES, FEES ARE APPLIED AS FOLLOWED: A) REGISTRATION FEE IS REQUIRED FOR EACH FACILITY AT THE SAME PLANT SITE. B) A REGISTRATION FEE IS ASSESSED FOR EACH FACILITY WITH THE MOST CONTAMINATES BASED ON TONS. C) A REGISTRATION FEE IS ASSESSED FOR UP TO (4) FACILITIES AT THE SAME PLANT SITE, AND A MAXIMUM OF \$12,000.00 IN COMBINED FEES.

APPLICABLE/NOT APPLICABLE

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IS/IS NOT ENGAGED IN ANY OF THE ACTIVITIES THAT REQUIRE REGISTRATION UNDER SECTION 21-161, OF THE HOUSTON CODE OF ORDINANCE

(SIGNATURE) (DATE)

RETURN THIS FORM TO:
HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS MANAGEMENT OFFICE (713) 640-4200
8000 NORTH STADIUM DR.
HOUSTON, TX 77054-1823